PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										Application or Docket Number 10/756368 247518USOCON7					
		(Colur	nn 2)		SMALL TYPE	EN	T TY 	OR	OTHER SMALL						
TOTAL CLAIMS			10					RATI		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE 3		385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/D minus 20=		• 0			X\$ 9=			OR	XS18=			
INDEPENDENT CLAIMS			. 2 minus 3 =		* ~			X43=			OR	X86=			
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=		-	OR	+290=			
* 11	the difference	in column 1 is l	ess than zero, enter "0" in column 2				į	TOTAL		OR	TOTAL	700			
CLAIMS AS AMENDED - PART II fel and (Column 1) (Column 2) (Column 3)								SMA		ENTITY	OR	OTHER SMALL			
ATA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	- 10	Minus		20	= Ø		XS 9	=		OR	X\$18=			
	Independent	· 2	Minus	***	3	=0		X43	=		OR	X86=			
A	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN.	T CLAIM		ŀ	+145	_		OR	+290=			
									TAL		OR	TOTAL			
(Column 1) (Column 2) (Column 3)									EE		10	ADDIT, FEE			
_		(Column 1) CLAIMS	Τ	HIGH	IEST		1			ADDI-	i		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	#A#		=		X43	=		OR	X86=			
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145) <i>=</i>		OR	+290=			
								TO ADDIT.	TAL		ОЯ	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)															
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
DME	Total		Minus	**		2		X\$ 9)=		OR	X\$18=	•		
MEN	Independent	•	Minus	***		I =	4	X43	=		OR	X86=			
\bar{4}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 1 46	 5-		OR				
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											┫	TOTAL	-		
* If the entry in column 1 is less than the entry in column 2, write 0 in column 2. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE															
	The "Highest Nur	nber Previously Pa	aid For" (Total o	or Indepen	ident) is th	e highest numb	er fo	und in th	ne ap	propriate be	ox in c	olumn 1.			

FORM PTO-875 (Rev 10/03)

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